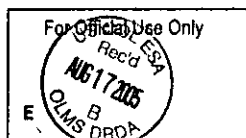


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2998</u>	2. Fiscal Year Covered From: <u>REVISED</u> <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JACK</u> <u>W</u> <u>PETERSON JR.</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 155</u> Street <u>104 MAPLE</u> City <u>SIDNEY</u> State <u>Illinois</u> ZIP Code + 4 <u>61877-0155</u>	4. Name, file number, and address of labor organization. Name <u>MID-CENTRAL IL. REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>509-324</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>#1 KALMIA WAY</u> City <u>SPRINGFIELD</u> State <u>Illinois</u> ZIP Code + 4 <u>62702-1057</u>
5. Position in labor organization. <u>ASSISTANT TO THE EST</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/10/2005</u> Date	<u>217-688-2459</u> Telephone Number

Name of Person Filing JACK PETERSON JR.	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="ARIEL CAPITAL MANAGMENT"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="SUITE 2900"/></p> <p>Street <input type="text" value="200 EAST RANDOLPH DRIVE"/></p> <p>City <input type="text" value="CHICAGO"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60601-6438"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="CARPENTERS PENSION FUND OF ILLINOIS"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. BOX 791"/></p> <p>Street <input type="text" value="28 N. FIRST STREET"/></p> <p>City <input type="text" value="GENEVA"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60134-0470"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"><p>ANNUAL GOLF OUTING FOR TRUSTEES AND MONEY MANAGERS OF THE CARPENTERS PENSION FUND OF ILLINOIS. INCLUDES COST OF SHIR, SLEEVE OF GOLF BALLS, GREEN FEES AND CART, REFRESHMENTS AND DINNER BUFFET AFTER FOR ALL TRUSTEES AND MONEY MANAGERS</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$236"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAUM SIGNAN AUERBACH & NEWMAN LT.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any SUITE 220
Street 200 WEST ADAMS STREET
City CHICAGO
State Illinois ZIP Code + 4 60606-5231

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND OF ILLINOIS
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. BOX 791
Street 28 N. FIRST STREET
City GENEVA
State Illinois ZIP Code + 4 60134-0470

11.a. Nature of such dealing.

2 MEALS AT TRUSTEE MEETING FOR THE CARPENTERS
PENSION FUND OF ILLINOIS

11.b. Approximate dollar value of such dealing.

\$34

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JACK PETERSON JR.	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name THE MARCO CONSULTING GROUP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 9TH FLOOR</p> <p>Street 550 W. WASHINGTON BLVD.</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60661-250/</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CARPENTERS PENSION FUND OF ILLINOIS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 791</p> <p>Street 28 N. FIRST STREET</p> <p>City GENEVA</p> <p>State Illinois ZIP Code + 4 60134-0470</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> GOLF OUTING IN CONJUNCTION WITH THE MARCO CLIENT CONFERENCE </div> <p>11.b. Approximate dollar value of such dealing. \$34</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing JACK PETERSON JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND OF ILLINOIS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 791

Street 28 N. FIRST STREET

City GENEVA

State Illinois ZIP Code + 4 60134-0470

11.a. Nature of such dealing.

REIMBURSED EXPENSES FOR LODGING AND MEALS FOR 9 TRUSTEES MEETINGS IN GENEVA ILLINOIS, LUNCH AT 9 TRUSTEES MEETINGS. REIMBURSED EXPENSES FOR TRAVEL, REGISTRATION FEES, LODGING AND MEALS FOR MARCO CONSULTING CLIENT CONFERENCE.

11.b. Approximate dollar value of such dealing.

\$4,842

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRUST FUND ADVISERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 1110

Street 2001 BUTERFIELD ROAD

City DOWNERS GROVE

State Illinois ZIP Code + 4 60515-1050

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS PENSION FUND OF ILLINOIS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 791

Street 28 N. FIRST STREET

City GENEVA

State Illinois ZIP Code + 4 60134-0470

11.a. Nature of such dealing.

TRUST FUND ADVISORS ARE A MONEY MANAGMENT FUND THAT DOES BUSINESS WITH THE CARPENTERS PENSON FUND OF ILLINOIS. 1 LUNCH AND 1 DINNER WITH SCOTT HOCKENBERRY FROM TFA ABOUT TFA PERFORMANCE FOR THE FUND.

11.b. Approximate dollar value of such dealing.

\$78

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JACK PETERSON JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BECKER & GALANTI PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 488

Street 3673 HIGHWAY 111

City GRANITE CITY

State Illinois ZIP Code + 4 62040-0488

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

STEAKS AS CHRISTMAS GIFT FROM WORKERS COMPENSATION LAW FIRM.

11.b. Approximate dollar value of such dealing.

\$48

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.